DOCUMENT RESUME

ED 356 870 PS 021 256

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TITLE Deceased Child Review Process: A Four-Year Perspective.
PUB DATE Sep 92
NOTE 20p.; Paper presented at the Annual Conference of the National Black Child Development Institute (22nd, Washington, DC, September 17-19, 1992).
PUB TYPE Reports - Descriptive (141) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Children; *Child Welfare; Community Services; *Data Collection; *Death; *Infant Mortality; Prenatal Care; Prenatal Influences; Program Improvement; Research Utilization; *Social Services; Welfare Services
IDENTIFIERS *Ohio (Franklin County)

ABSTRACT

In 1988, Franklin County Children Services in Columbus, Ohio, initiated the development of a community-based, multidisciplinary process to review all deaths of children on its open caseload, and deaths in cases in which the agency had contact with the child or the child's family in the 12 months preceding the child's death. The review process enables the community to identify problems in the service delivery system that are related to child deaths, and to eliminate preventable deaths by enhancing the quality of services and programs. The process also identifies and tracks causal trends in deaths of children. During 1989, 1990, and 1991, the largest proportion of children died as a result of perinatal conditions or congenital defects. The 1990 infant mortality rate for Franklin County was 10.8 deaths per 1,000 live births, with the rate significantly higher for black infants. The percentage of women receiving delayed prenatal care increased between 1988 and 1989, with black women more than twice as likely than white women to receive late prenatal care. Many areas targeted for action in 1992 involved increasing the availability of prenatal care and promoting public awareness of its importance. Key program changes and accomplishments have included revised investigatory policies; in-service training for all staff related to child death risk factors; an increase in staffing and services of various units; and a variety of collaborative activities and revised protocols and practices. An infant service delivery protocol is appended. (AC)

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DECEASED CHILD REVIEW PROCESS: A FOUR-YEAR PERSPECTIVE

Presented at

NATIONAL BLACK CHILD DEVELOPMENT INSTITUTE
22ND ANNUAL CONFERENCE

"OUR CHILDREN MILES TO GO, PROMISES TO KEEP"
September 17-19, 1992
Washington, D.C.

by

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ACKNOWLEDGEMENTS

Franklin County Children Services gratefully acknowledges all staff who participate directly in the deceased child review case staffings. We appreciate the support, assistance and critical review from our social work staff and representatives of twenty community agencies; and want to thank them for their time and effort in continued development of meaningful services to the high-risk children and their parents in Franklin County.

Special recognition must be given to the Franklin County Coroner's Office, the Columbus Police Department, and the Columbus Health Department for their special partnership with Franklin County Children Services in system redesign.

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ABOUT FRANKLIN COUNTY CHILDREN SERVICES

Franklin County Children Services (FCCS) in Columbus, Ohio, is the public, county-wide agency responsible for the **care and protection of abused, neglected, dependent and troubled children.** In 1991, 23,718 children and families were served through a Children Services tax levy that supports the operations of FCCS and the purchase of services from 57 community agencies. FCCS provides a comprehensive array of services, including:

- 24-hour hotline to report abuse and neglect of children;
- investigation of child maltreatment and crisis intervention for children in need;
- protective in-home counseling and supportive services to children and families;
- placement in out-of-home care for children in need of temporary foster home care, permanent adoptive homes or independent living situations;
- prevention programs for high-risk children and families; and
- services to children with medical handicaps.

In 1991, FCCS's expenditures were $53,803,950. Of that amount $25,029,275 was spent to provide placement away from home for children in need; $20,932,962 was spent to provide protective in-home services to children living with their families; $5,306,422 was spent to investigate suspected child maltreatment; $1,376,461 was spent to provide prevention services to keep children off the FCCS caseload; and, $1,158,830 was spent to provide services to children with medical handicaps. The 1992 Budget is $61.7 million of which about 80 percent is from local property taxes, 15 percent Federal and 5 percent from the State.

FCCS is governed by an 11-member board, employs 740 persons, is regulated by mandates of the state and federal government, and fully accredited by the Council on Accreditation of Services for Families and Children. FCCS is one of seven County Children Services Boards in Ohio to be accredited by the Child Welfare League of America and one of twenty-five in the nation.

FCCS CLIENT DEMOGRAPHICS

As of June 30, 1992, FCCS had 6606 children from 3,322 families open and receiving services. Fifty-one percent of these children are African-American, and 35 percent are age five and under. This is the highest caseload the Agency has experienced (in the same time frame) since 1978. It reflects increasing reports of abuse and neglect. In the first eight months of 1992, there were 4,611 new complaints of neglect and abuse received. This compares to 3,413 new referrals during the same time frame for 1991, a 35 percent increase.

With increased referrals have come increased case openings. Case openings for neglect are 46 percent higher in the first half of 1992 than in the first half of 1991, and for abuse are 20 percent higher in the same time frame.

Compared to 1991, the number of children coming into substitute care is holding stable. But the number of very young children coming into care is increasing. Entrances into foster home care have increased by 36 percent.

BACKGROUND

In 1988, Franklin County Children Services (FCCS) initiated the development of a bi-level, community-based, multi-disciplinary process to review all deaths of children on its open caseload, as well as deaths where the Agency had contact with the child/family in the twelve months preceding death. 1992 marks the fifth year of operations for the Franklin County Deceased Child Review System. See Appendix A for a description of the review process.

With the strong support and involvement of twenty other local agencies, FCCS maintains a review process which enables the community to identify systems problems and deficits related to child deaths and to work collaboratively to resolve identified issues thereby eliminating preventable child deaths, not just those attributed to maltreatment.

The review process also identifies and tracks causal trends in deaths of children which helps prioritize, link and focus community resources when expedient, and supports development of program initiatives designed to impact on top priority problem areas.

The review process recognizes and affirms good practice, standards, and programs and is an excellent tool for ensuring that issues related to child death are reviewed in a systematic and timely manner. It is only by reviewing "worst case" situations are we able to identify issues and work to make necessary changes throughout the entire child-serving community.

Two key principles underlie the deceased child review process:

- Child death is a community-wide issue and concern—not just that of child protective service agencies.

- Prevention of future deaths through quality enhancement of services, programs and systems is the desired result from the review process—not negative sanctions against individuals or agencies. Separate, existing procedures are used to determine if disciplinary or other punitive actions are warranted in particular instances of child deaths.

Key results obtained after four years of use are:

- An established, consistent process for review of child deaths for both agency staff and the community. The community is assured that the collective results of these reviews are made public annually.

- Specific program and systems changes designed to reduce preventable child deaths.

- Strong multi-agency support for the review process, resulting in improved community planning and programs.

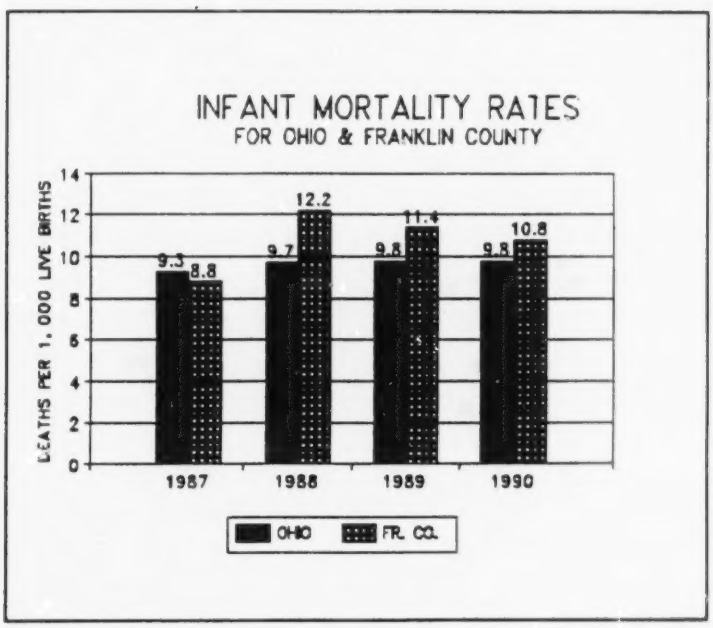
- Comprehensive data available for use in planning and refining the county child-serving system.

- Comprehensive data available for use in planning and refining the county child-serving system.

- Public education so that families are more aware of child safety issues and needs.

ACTION PLANNING 1992

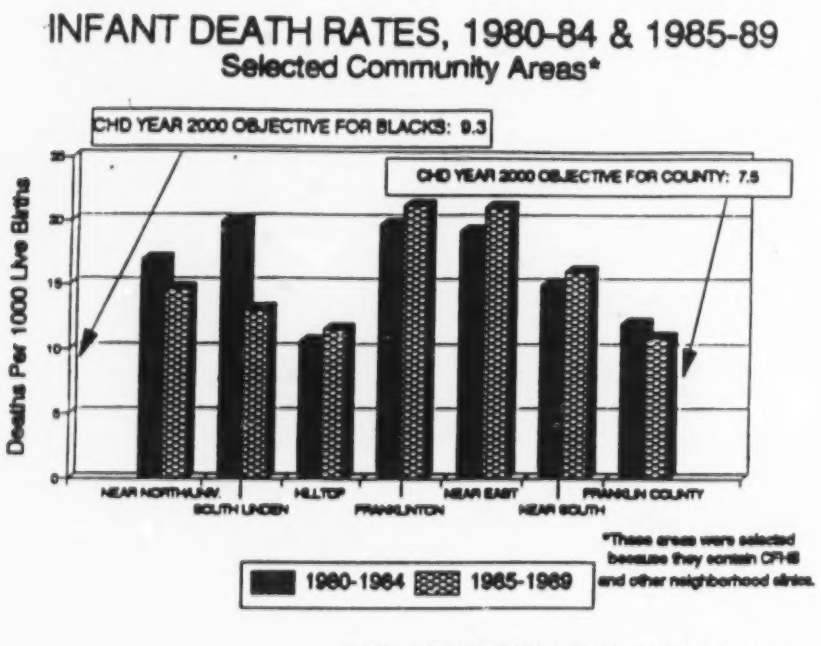
The largest proportion of children died as a result of perinatal conditions or congenital defects. The majority of these children died before reaching six months of age (87 %) which is similarly comparable with data presented for 1989 and 1990. This information is consistent with that of the Columbus Health Department which indicates that the county infant mortality rate has not significantly declined. According to the Columbus Health Department, the 1990 infant mortality rate for Franklin County remained at 10.8 deaths per 1000 live births. When categorized racially, the infant mortality rate was significantly higher for Black infants.



The Columbus Health Department indicates that the infant mortality rate is generally regarded as a quality of life indicator of both the health and welfare of a population. A high rate indicates not only unmet health needs but also unfavorable conditions such as poverty, poor nutritional status, lack of education, poor sanitation and alcohol and other drug use. (Deborah Crawford, Columbus Health Department)

According to a report completed by the Children's Defense Fund in 1991, Ohio's infant death rate remained at 9.8 in 1990 meaning that over 1,600 babies died across the state before reaching one year of age. Prenatal care for pregnant women actually worsened from 1988 to 1989, as the percentage of pregnant women receiving delayed care increased. In 1989, nearly 30,000 Ohio babies were born to mothers who did not receive early prenatal care (18.1%). This corresponded to 16.3% in Franklin County. Many of these women were receiving public assistance and faced overcrowded public clinics, physician shortages and transportation problems. Black women were 2.1 times more likely than white women to receive late prenatal care.

Of further consideration when discussing the high number of infant deaths during the first six months of life are the infant mortality rates by neighborhoods which can loosely be compared to the FCCS service regions.



The Near East and Near South neighborhoods can be compared with the FCCS South Region. Near North/Univ. and South Linden can be roughly equated with the FCCS North Region. Franklinton would roughly compare to the eastern inner-city portion of the FCCS West Region.

The above statistics concur with results obtained from the forty-four reviews completed during 1991. The majority of deaths were the result of perinatal/congenital conditions and of children under one year of age. Also of significant concern are the deaths as a result of violence-homicide. Most of these deaths were preventable given different circumstances and the availability or accessibility of services.

The following areas are targeted for action in 1992:

- Assure that all pregnant women have available and receive prenatal care as early as possible to reduce premature and low-birthweight babies. The community must continue to work towards a solution which addresses infant mortality, particularly among Black infants, with expanded services and resources prenatally, particularly for minor and drug/alcohol abusing mothers.

- Target the central city area for a public awareness campaign of the value of early prenatal care and risks to the developing fetus when alcohol and drugs are used prenatally.

- Expand outreach and home visitation programs to pregnant women, particularly in the central city area.

- Implement the High-Risk Infant Protocol county-wide to include all maternity hospitals and health departments. FCCS implement internally the Infant Service Delivery Protocol.

- Develop a community-based medical program which provides intensive prenatal medical and social services care to drug/alcohol abusing mothers.

- Continued development and implementation of conflict resolution teams within the schools.

- Initiate work with all youth and families in inner-city neighborhoods with a focus on the reduction of violence by utilization of conflict resolution techniques, neighborhood violence prevention programs, programs to enhance parenting skills and to heighten self esteem.

KEY CHANGES AND ACCOMPLISHMENTS TO DATE

- Revised investigatory policies that all FCCS first contacts related to abuse and neglect allegations be made in person.

- Collaboration on a multi-agency High-Risk Infant Protocol by FCCS and the Columbus Health Department including plans for a hospital-based pilot project with eventual community-wide use.

- Expansion of the Employee Assistance Program to include grief counseling to foster parents experiencing problems as a result of a child death.

- Automatic referral to the Employee Assistance Program for staff who have a child death occur on their caseload.

- In-service training for all staff related to child death risk factors.

- Coordination of training resources between Franklin County Children Services and the Columbus Health Department.

- Development of an Infant Services Delivery Protocol which acknowledges the high-risk status of infants and which identifies mandated, additional services to be provided to all infants six months of age or younger and their families who are open for services with FCCS.

- A signed inter-system risk referral protocol between FCCS Intake and Investigation Department and seven major community hospitals.

- Improved format for the Deceased Child Case Staffing Reports and the dissemination of recommendations for program or system changes.

- Location of a Public Health Nurse at Intake and Investigation with additional contractual 24-hour backup.

- Development and implementation of a Family Assessment and Development Department with a focus on early assessment and provision of intensive services immediately.

- Location of a Columbus Health Department Public Health Nurse on site at all four FCCS Region offices one day a week for consultation, education and medical risk assessment.

- FCCS funding of six prevention grants to local agencies in 1991 and 1992 which specifically address the needs of high-risk infants and their families:

  Columbus Health Department-Family Ties;
  Diocesan Child Guidance Center-Step by Step;
  Gladden Community House-Nurturing Teens for Positive Parenting;
  Children's Hospital-Improving Parent and Child Skills in a High-Risk Population;
  Lamaze Child Birth Organization-Parent Teen Program; and
  Rosemont Center-Baby Day Care

- Increased home-based services developed by agencies with whom FCCS contracts; currently there are 15 contracts for home-based teams.

- Appointment of a CHD Public Health Nurse administrator to the FCCS Board's Program & Services Committee to support contemporary program development for high-risk children and their parents.

- Expansion of the number of professionals involved with the Deceased Child Review Team to include a neonatal pathologist and Central Ohio SIDS representative.

- Reviewed and adopted data information forms for use in 1992 Team review of all child deaths via death certificates.

- Instituted a working agreement for all child deaths under age one to be linked with birth records to determine prenatal information crucial to future community action planning.

- The Ohio Department of Human Services recommended (November, 1988) that other Ohio counties use the FCCS model in setting up an internal child death review system.

- The House of Representatives Select Committee on Child Abuse and Juvenile Justice (Boggs Report, March, 1989) recommended that Ohio counties develop child death review models similar to the FCCS system.

- Selection by the American Bar Association of the 1990 Deceased Child Review System Report for inclusion in a Child Maltreatment Fatalities "how-to" manual available to state and local agencies.

- The Franklin County Deceased Child Review System has been presented at several national and local conferences providing exposure for this model and its focus on coordinated community efforts to improve systems impact in child protection.

INFANT SERVICE DELIVERY

PROTOCOL

FRANKLIN COUNTY CHILDREN SERVICES

SEPTEMBER, 1992

PROBLEM AND NEEDS

Infant mortality is a continuing problem in Franklin County. The 1988 infant mortality rate in Franklin County was 12.2 per 1,000 live births (dramatically higher than the 1988 Ohio rate of 9.7) showing an increase of 3.4 percentage points over the 8.8 rate in 1987. In 1989 the county infant mortality rate went back down .8 of a percentage point to 11.4--still 30% higher than the 1988 Ohio rate.

The largest proportion of all child deaths stems from infant mortality. The 1989 Report of the Franklin County Deceased Child Review System found that 64% of all children dying in the county were under 12 months of age (132 of 206). The primary causes of death in over 60% of these infant deaths were related to perinatal or congenital conditions. Some of these deaths may have been accompanied by secondary contributing factors associated with deficits in both prenatal and postnatal care.

Of 23 child deaths reviewed in depth by FCCS and other agency staff, 12 (52%) involved infants, eight of whom had been born 4 to 13 weeks prematurely. Many of these deaths could be attributed to lack of adequate prenatal care, drug or alcohol abuse during pregnancy, and resultant premature or low weight births.

Drug exposed, premature, low birth weight infants and others born with perinatal/congenital problems present significant child care and parenting challenges. The special health care requirements and developmental needs of these infants often demand a high level of parent skill which may be unrealistic if their parents are dysfunctional or experiencing difficulty with older siblings. If infants are hospitalized for a time, inadequate bonding may occur and can result in neglect or abuse of the infant after discharge.

PROTOCOL GOAL

To reduce infant mortality and improve the health and developmental status of all infants being served by Franklin County Children Services.

PROTOCOL OBJECTIVES

1. To assure that needed health care or social support services are provided to all infants and their caretaker(s) in an intensive and coordinated manner, using a dual-disciplinary nurse and social worker team to facilitate and follow-up on all service provider referrals and activities.

2. To improve the health and developmental status of all infants and thereby reduce the potential for their death before reaching seven months of age.

3. To assure coordinated services and intensive follow-up of all infants 0 to 7 months of age.

PROGRAM FUNCTION

Services to infants will be coordinated and regularly monitored by a dual-discipline team consisting of a nurse and a social worker. The team will work with all other involved providers to insure that needed health care and social services are delivered in a timely and thorough manner.

EXPECTED RESULTS AND BENEFITS

This protocol is designed to assure all infants open to Franklin County Children Services receive the necessary and most appropriate services to assure their healthy development and survival.

The team will assure a greater collaboration by all service providers by creating an interdisciplinary team approach to problem resolution. By the use of this approach, improved working relationships will develop, resources will be shared and ties between agencies/hospitals will be strengthened.

PROTOCOL DETAILS

A team consisting of a social worker and a nurse will be assigned to each infant (under 7 months of age) with the nurse being provided by the Columbus Health Department. The intake department will make a referral for nursing services for all new cases with this referral to be completed within twenty four hours of initial contact. If the case is already open in the region, the assigned social worker will make a referral to the team within twenty four hours of the child's birth. (**NOTE:** Any child born into a case must be opened, included in the case plan and evaluated by the dual discipline team under this protocol.) This team will have the responsibility for making initial client contact within 24 hours (not to exceed 48 hours) of the referral for a further evaluation of risk. Within seven days of this referral, the team will determine the most appropriate services or combination of services to best assure the survival of and minimize the risk to the infant. Linkage with identified services will be completed within seven days of the team evaluation of the family. A case plan will be developed or amended, to reflect the Infant Service Delivery Protocol mandates.

If, after the initial evaluation of risk by the team (social worker and nurse), some of the mandated services are unnecessary, documentation of this and why the services are not necessary must be made in the administrative log by the supervisor.

If risk is determined to be sufficient, the team will maintain at least weekly contact with the infant and monthly follow-up with the linked agency(ies)/provider(s) as to the progress of the family and infant. The team will also maintain responsibility for coordination of services being provided to the infant and family and will schedule staffings every sixty days for all service providers involved with the infant and caretaker(s).

The purpose of staffings will be threefold:

1) to reassess the medical and social status of the infant;
2) to evaluate progress in service objectives for the infant and caretaker(s); and
3) to determine the need for different, modified or additional services.

A minimum of two staffings are required prior to termination of the Infant Service Delivery Protocol.

Within 24 hours, linked agencies/providers will notify the social worker if an appointment is missed, the family cannot be located, the caretaker(s) refuse to participate with linked agencies or if the infant's condition appears to be deteriorating due to caretaker(s) failure to follow prescribed care instructions. If these problems cannot be resolved quickly or if the safety of the child cannot otherwise be reasonably assured further appropriate action (court) must be taken to assure/order cooperation by the caretaker(s) and/or to remove the infant.

PROCEDURES FOR INFANTS ON OPEN FCCS CASES

All infants in a family requiring protective involvement via a case opening with Franklin County Children Services as well as infants placed by FCCS into substitute care will receive services as outlined in this protocol.

These services, to be provided or coordinated by the nurse/social worker team and included in the case plan, will consist of the following:

1. Homemaker and/or home management services focused on providing training for caretaker(s) in the proper care for their infant and/or household.

2. EPSDT screenings (Healthcheck) and medical consultation through FCCS medical center, community clinics, hospitals or private physicians with recommendations incorporated into the case plan.

3. Monitoring and coordination of transportation resources in conjunction with community providers to ensure that it is possible for the caretaker(s) to keep all medical appointments.

4. Weekly face-to-face contact by the team with the infant and caretaker(s) during the

first thirty days of case opening. The initial team case evaluation will include a plan for information sharing and follow-up among the professionals delivering the services.

5. Appropriate referrals and linkage to other community programs will occur as additional needs are identified.

TERMINATION OF INFANT SERVICE DELIVERY PROTOCOL

Criteria for allowing above procedures to be terminated are:

1. Infant's physical, emotional, medical needs have been adequately met by caretaker(s) for the past sixty days; and

2. Primary caretaker(s) has been drug free for six months (documented through demonstrated behaviors, collateral reports and medical documentation); and

3. Infant's physical growth and development are within normal limits as documented by the medical provider; and

4. Caretaker(s) has established and consistently used a positive support service network (e.g.; drug tx., health providers, parenting classes) for the past sixty days; and

5. Caretaker(s) has demonstrated a working knowledge of community resources and knows when, where and how to access services when problems arise; or

6. Infant has reached seven months of age.
   NOTE: An infant should not be terminated from this protocol just because he has reached seven months of age but rather should be terminated only because the risk can be documented as substantially diminished.

The **decision to terminate** any of these mandated procedures for infants **must be as the result of a case review attended by all service providers and the Guardian ad litem.** Documentation of this review must be made on the appropriate review form (A-1414 or A-1415) with documentation as to how the criteria have been meant. The case review form must be signed by the supervisor, caseworker, nurse and Guardian ad litem.

Attachment 1

EXAMPLES OF DOCUMENTATION FOR

TERMINATION OF THE

INFANT SERVICE DELIVERY PROTOCOL

Criteria for allowing the above procedures to be terminated are:

1. Infant's physical, emotional and medical needs has been adequately met by the caretaker(s) for the past sixty days.

* Documented Response on the A-1414/A-1415 (Worker Assessment of Objective):

Infant's needs are met in the following manner:

Physical: Infant's growth and development are within normal limits as determined by a Registered nurse or physician (include name). Sufficient and appropriate food is maintained in the home for the infant and the mother has demonstrated the ability to prepare and maintain a proper diet for the infant. Infant is only left in the care of responsible adults. Parents provide temporary caretaker with information about where they can be reached in an emergency.

Emotional: The parents have responded promptly and appropriately in attending to the child when crying. The parents hold and interact with the infant with sufficient frequency. Infant shows normal emotional responses when being held.

Medical: ECCO clinic is seeing the infant as scheduled and immunizations are current. Medical appointments have been kept, and if missed, it has been for a significant reason and ECCO has been notified with a subsequent appointment being scheduled and kept.

2. Primary caretaker(s) has been drug free for six months (documented through demonstrated behaviors, collateral reports and medical documentation.

* Documented Response on the A-1414/A-1415 (Worker Assessment of Objective):

a. Parent has been observed at both scheduled and unscheduled home visits by the team and at no time was found to have been under the influence of drugs and/or alcohol.

b. Parent has kept all drug screening appointments and no indication of drug has been found in blood/urine.

3. Infant's physical growth and development are within normal limits as documented by the medical provider(s).

* Documented Response on the A-1414/A-1415 (Worker Assessment of Objective):

The infant has shown steady growth and has experienced no losses which were attributed to a lack of care or nurturing on the part of the caretaker.

4. Caretaker(s) has established and consistently used a positive support network (e.g. drug treatment, health providers, parenting classes) for the past sixty days.

* Documented Response on the A-1414/A-1415 (Worker Assessment of Objective):

Parent's have not only kept all of the regularly scheduled weekly appointments set up by the team but have also arranged additional appointments as needed to insure that all of the infant's needs were met on a consistent basis. This includes health nurse visits, medical appointments and appointments scheduled by the caseworker. Parents have utilized appropriate family and friends in the community as discussed with the team to insure that the infant's needs were met on a consistent basis.

5. Caretaker(s) have demonstrated a working knowledge of community resources and knows when, where and how to access services when problems arise.

* Documented Response on the A-1414/A-1415 (Worker Assessment of Objective):

Parents and team have met on a regular basis to discuss the various community resources available to meet the needs of the infant. Parents have arranged contact with and utilized the various helping agents and have demonstrated verbally that given specific situations they know the steps needed to link with the appropriate resource to meet the specific need or to resolve the specific problem.

6. Infant has reached seven months of age.

NOTE: An infant should not be terminated from this protocol just because he has reached seven months of age but rather should be terminated only because the risk can be documented as substantially diminished.

The **decision to terminate** any of these mandated procedures for infants **must be as the result of a case review attended by all service providers and the Guardian ad litem.** Documentation of this review must be made on the appropriate review form (A-1414 or A-1415) with documentation as to how the criteria have been meant. The case review form must be signed by the supervisor, caseworker, nurse and Guardian ad litem.